Under the perwork Reduct	ion Act of 1999	5 no persons are required	l to res	nond to a collection	of informat	ion unless it displa	vs a valid OMB control number	
Effective on 12/08/2004.				Complete if Known				
				Application Num	ber	10/750,576		
FEE TRANSMITTAL			<b>-</b> [	Filing Date	1	December 30, 2003		
Fo	r FY 2	005	L	First Named Inve	entor .	Jay R. Mac	chael	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	1	White, Rodney Barnett		
h <del></del>				Art Unit		3636		
TOTAL AMOUNT OF PAY	MENT (\$	) 150.00		Attorney Docket	No.	0875227853	336	
METHOD OF PAYMENT (check all that apply)								
X Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 10-1202 Deposit Account Name: Jones Day								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEAI	RCH, AND FILING			CH FEES	EYAMIN	NATION FEES		
A !! 4! <b>T</b>	\$	Small Entity		Small Entity		<b>Small Entity</b>	E D-14 (6)	
Application Type	Fee (\$)		ee (\$)		Fee (\$		Fees Paid (\$)	
Utility	300		00	250	200	100		
Design	200		00	50	130	65		
Plant	200		00	150	160	80	171-	
Reissue	300		00	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEI Fee Description	ES					Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims						360	180	
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>23</u> - 20 or HP = 3 x \$50 = \$150							ependent Claims	
<u>23</u> - 20 or HP = <u>3</u> x \$50 = \$150 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.							ree Paid (\$)	
Indep. Claims	Extra Clair	ms Fee (\$)	Fee I	Paid (\$)			<del></del>	
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =								
A OTHER REFUS								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g. late filin	o surcharoa	٠)٠						

SUBMITTED BY Registration No. Telephone Signature 269-1534 Attorney/Agent) Name (Print/Type) Date

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

AF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE ication of: Attorney Docket No. 087522785336 Machael, Jay R. et al. Application No.: 10/750,576 Filed: December 30, 2003 For: CHAIR BACK REST WITH IMPROVED RESILIENCE AND **SUPPORT** Examiner: White, Rodney Barnett Art Unit: 3636

Commissioner for Patents P. O. Box 1450 Alexandria, Virginia 22313-1450

8920

Confirmation No.:

## INTRODUCTORY COMMENTS

In response to the office action mailed July 6, 2005, please amend the above identified application as shown in the attached AMENDMENTS TO THE SPECIFICATION, AMENDMENTS TO THE DRAWING and AMENDMENTS TO THE CLAIMS, as explained in the attached REMARKS.

09/20/2005 TBESHAH1 00000040 10750576 01 FC:1202 150.00 OP